

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member		
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1324 Ruby Ct.	CITY Santa Maria	STATE CA
NAME OF BALLOT MEASURE 	BALLOT NO. OR LETTER 	JURISDICTION 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.			
NAME OF OFFICEHOLDER CANDIDATE OR PROPOSER 			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		Identify the controlling officeholder, candidate, or state measure proponent, if any.	
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		NAME OF OFFICEHOLDER, CANDIDATE OR PROPOSER	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE	AREA CODE/PHONE
CITY					
COMMITTEE NAME	I.D. NUMBER	NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)				
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)				

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

CALIFORNIA FORM 460	
Statement covers period	
from <u>07/01/2020</u>	through <u>09/19/2020</u>
Page <u>3</u> of <u>4</u>	
I.D. NUMBER <u>1390966</u>	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>Add Lines 1 + 2</u> \$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>Add Lines 3 + 4</u> \$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>1,000.00</u>	\$ <u>1,125.00</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<u>Add Lines 6 + 7</u> \$ <u>1,000.00</u>	\$ <u>1,125.00</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	<u>Add Lines 8 + 9 + 10</u> \$ <u>1,000.00</u>	\$ <u>1,125.00</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>5,733.18</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	*Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>1,000.00</u>	
16. ENDING CASH BALANCE	<u>Add Lines 12 + 13 + 14, then subtract Line 15</u> \$ <u>4,733.18</u>	
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0.00</u>	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ <u>0.00</u>
19. Outstanding Debts	<u>Add Line 2 + Line 9 in Column B above</u> \$ <u>0.00</u>

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
07/01/2020	07/01/2020

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mike Cordero for Council 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting
LEG	legal defense
HT	campaign literature and mailings

PAYEE
NUMBER)

City of Santa Maria
110 E. Cook St.
Santa Maria, CA 93454

CALIFORNIA FORM 460

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I.D. NUMBER 1390966

use, describe the payment.	
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

DESCRIPTION OF PAYMENT	AMOUNT PAID
Fee	1,000.00

SUBTOTAL \$	\$ 1,000.00
	\$ 0.00
	\$ 0.00
	\$ 1,000.00
TOTAL	\$ 1,000.00

line 6.)

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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals)
 2. Unitemized payments made this period of under \$100
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e),)
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 1,000.00